

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[Secs. 505(a)(2)(B)(iii) and 506(a)(2)(A)(iii)]

<u>OUTCOME MEASURE 1</u>	CY__	<u>Annual Objective and Performance Data</u>			CY__
	CY__	CY__	CY__	CY__	CY__
<i>The infant mortality rate per 1,000 live births.</i>					
Annual Outcome Objective	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>OUTCOME MEASURE 2</u>					
<i>The ratio of the black infant mortality rate to the white infant mortality rate.</i>					
Annual Outcome Objective	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>OUTCOME MEASURE 3</u>					
<i>The neonatal mortality rate per 1,000 live births.</i>					
Annual Outcome Objective	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

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<u>OUTCOME MEASURE 4</u>	CY__	<u>Annual Objective and Performance Data</u>				CY__
	CY__	CY__	CY__	CY__	CY__	CY__
<i>The post-neonatal mortality rate per 1,000 live births.</i>						
Annual Outcome Objective	_____	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____	_____
<u>OUTCOME MEASURE 5</u>						
<i>The perinatal mortality rate per 1,000 live births.</i>						
Annual Outcome Objective	_____	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____	_____
<u>OUTCOME MEASURE 6</u>						
<i>The child death rate per 100,000 children aged 1 through 14.</i>						
Annual Outcome Objective	_____	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____	_____

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[Secs. 505(a)(2)(B)(iii) and 506(a)(2)(A)(iii)]

<u>STATE OUTCOME MEASURE #</u>	<u>Annual Objective and Performance Data</u>				
	CY__	CY__	CY__	CY__	CY__
Annual Outcome Objective	_____	_____	_____	_____	_____
Annual Outcome Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

INSTRUCTIONS FOR THE COMPLETION OF FORM 12 TRACKING HEALTH OUTCOME MEASURES

Title V Citation:

Section 505(a)(2)(B)(i & iii) requires the States to submit an application that includes "...a statement of the goals and objectives consistent with the health status goals and national health objectives...for meeting the needs specified in the State plan...[and]...an identification of the types of services to be provided..." Section 506(a)(2)(A)(iii) requires the States to report annually on the "...type (as defined by the Secretary) of services provided under this title..."

Instructions:

A glossary of terms applicable to this form is presented in Section 10.1 of this document.

Complete all required data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote.

This form serves two purposes: to show health outcome measures with planned outcome objective targets for the application, and outcome indicator values actually achieved each year for the annual report.

The "Outcome Measure" titles will already be completed for National Outcome Measures.

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On each "Annual Outcome Objective" line enter a value for the targets the State plans to meet. This value may be expressed as a number, a rate, a percentage, or a "yes - no."

the On each "Annual Outcome Indicator" line, enter the value that expresses the progress the State has made toward the accomplishment of the outcome objective for appropriate reporting year. This value is to be expressed in the same units as the outcome objective: a number, a rate, a percentage, or a "yes - no."

Repeat this process for each health outcome measure.

States have the option of adding one State Outcome Measure of their choice. For this purpose a blank continuation page has been added. To add a State Outcome Measure, enter "SO 1" in the blank provided on the line **STATE OUTCOME MEASURE**. Under that line enter the title of the State Outcome Measure exactly as it appears on Form 15. Complete the remaining columns in the same manner as described above for National Outcome Measures.